

CLAIMS ONLY						Application Number 10/074549	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/					51	
2		/				52	
3		/				53	
4						54	
5						55	/
6						56	
7						57	
8						58	
9						59	
10						60	
11						61	
12						62	
13						63	
14						64	
15						65	/
16						66	/
17						67	/
18						68	/
19						69	/
20						70	
21						71	
22						72	
23	/					73	
24						74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45	/	/				95	
46						96	
47		/				97	
48						98	
49						99	
50						100	
Total Indep						Total Indep	/
Total Depend						Total Depend	29
Total Claims						Total Claims	70